AO 435
(Rev. 04/11)

Administrative Office of the United States Courts.

TRANSCRIPT ORDER

Please Read Instructions:

FOR COURT USE ONLY
DUE DATE:

1. NAME Owens Ridges Jr- Cadwalader	2. PHONE NUMBER (212) 504-6413	3. DATE 10/25/2017	
4. MAILING ADDRESS 200 Liberty Street	5. CITY New York	6. STATE NY	7. ZIP CODE 10281

8. CASE NUMBER 17-03283	9. JUDGE Laura T. Swain	DATES OF PROCEEDINGS	
		10. FROM 10/25/2017	11. TO

12. CASE NAME In re FOMB	LOCATION OF PROCEEDINGS	
	13. CITY SDNY- New York	14. STATE New York

15. ORDER FOR

- [ ] APPEAL
- [ ] NON-APPEAL
- [ ] CRIMINAL
- [ ] CIVIL
- [ ] CRIMINAL JUSTICE ACT
- [ ] IN FORMA PAUPERIS
- [x] BANKRUPTCY
- [ ] OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
[ ] VOIR DIRE		[ ] TESTIMONY (Specify Witness)	
[ ] OPENING STATEMENT (Plaintiff)			
[ ] OPENING STATEMENT (Defendant)			
[ ] CLOSING ARGUMENT (Plaintiff)		[ ] PRE-TRIAL PROCEEDING (Spcy)	
[ ] CLOSING ARGUMENT (Defendant)			
[ ] OPINION OF COURT			
[ ] JURY INSTRUCTIONS		[ ] OTHER (Specify)	
[ ] SENTENCING			
[ ] BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).	ESTIMATE TOTAL	0.00

18. SIGNATURE Owens Ridges Jr	PROCESSED BY
19. DATE 10/25/2017	PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS

	DATE	BY	
ORDER RECEIVED			
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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